CITY OF DETROIT BUILDINGS AND SAFETY ENGINEERING DEPARTMENT Fourth Floor-CAYMC- Detroit, MI 48226 (313) 224-3168

APPLICATION FOR REGISTRATION OF RENTAL HOUSING

☐Initial Registration☐Change of Ownership

									ange or (Jwnershi	p
Please Type or Pri Address of Rental	nt Property	between and							street		
Type of Dwelling: (Circle One)	Room & Board	Rooming House	One Family		Apt. Bldg.	Terra Other	ce, Townhou	se			
Number of Dwelli	ng Units Re	nted: Apa	artment/Reside	ences	Slee	eping Ro	ooms			[niti	Coc:
Section 8 Housing	□Yes (atta	ach affidavit a	and copy of in	spection sumr	nary) Un	its				al Re	ation
			-	v			8			Initial Registration No.	Location of Premises
Name										ion N	mises
Home Address/P.C). Box			City ·		State	2	Zip Code			
Home Number	9	Business Nur	nber	Cell Phone			Fax		_		
Partnership or Corporation:								1 27			
If Partnership o	Name	ATION, LIST P	Addres		ow.		P	hone Num	DEF		
Name				Title					•		,
Home Address	.:	Cit	у	State			.]	Phone Num	iber		
Name		Title]	Phone Nun	iber				
Home Address		Cit	у	State]	Phone Nun	iber		
RESIDENT AGENT	FOR CORPO	RATION									
Name	9	Title	Home	Address				Phone Nun	iber		
Home Address If more space is re	quired, plea	Cit se attach add		State				Phone Nun	nber		
Management Firm	(if any)										
Name Resident Manager		Address			_{res} (r.		Ph	one Numbe	er	_ Year	
Name		Address	-	-				Phone Nun	nber		
In compliance with that the foregoing	registratio	n requiremen a complete sta	ts of the Detro	oit Property M information i	laintenan equested	ce code	, I hereby cer	tify			
Signature							Dated:			I	l
	Owner or	Representati	ve	Title							